MEDICAL EMERGENCY CONTACT INFORMATION

Student Name: _____________________________________ School: _______________________________________
Primary Contact:   Backup Contact (Relative or Friend):
Name ____________________________________________  Name __________________________________________
Relation to Participant _______________________________  Relation to Participant __________________________
Daytime Phone (          ) ______________________________  Daytime Phone (          ) __________________________
Evening/Cell Phone (          ) ____________________________  Evening Phone (          ) __________________________

Allergies to any foods, drugs or other medicines _________________________________________________________________
List current prescriptions/medications _________________________________________________________________________
Current health problems or conditions _________________________________________________________________________

Talent Search at Iowa State University is a federally-funded TRIO program.
RELEASE of LIABILITY & CONSENT FORM

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Iowa State University Talent Search (ISU TS) sanctioned activities.

During the time ISU TS or its representatives will be providing room, board, academic instruction, field trips, recreation, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors and other, as follows:

1. I UNDERSTAND THAT the ISU TS project will strive to protect all participants from danger, injuries and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for ISU TS participants, staff and representatives.

2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the ISU ETS activity, the risk of property damage and personal injury from motor vehicle accidents, the actions of fellow participants, my child’s own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child’s participation; and

3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child’s participation;

4. With awareness of and agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE IOWA STATE UNIVERSITY Talent Search, their officers, faculty members, employees, agents, and volunteers, FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in ISU ETS; and

5. That I WILL INDEMNIFY the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, faculty members, teaching assistants, residence assistants, supervisors, and participants, ISU TS, their officers, employees, agents, and volunteers, FOR ANY Liability OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD’S ACTIONS.

6. I state that (child’s name) ____________________________________, under my legal custody ___does/ ___does not have a current health insurance policy, and such policy will be maintained for the duration of all ISU TS activities. Carrier Company: ___________________________________ Policy Number: __________________________

In the event I cannot be reached, I authorize ISU TS to consent for me to any X-ray examination, anesthetic, medical or surgical of any special diagnosis, treatment or hospital’s care being required, but is given to provide authority and power on the part of ISU TS to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

By signing this form, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent’s Full name PRINTED: __________________________________________________________________________________

Parent’s Signature: _____________________________________________________________________ Date: __________________

I will follow all rules and guidelines established for the ISU TS program. I realize that if I fail to follow the above mentioned rules and any others, it may result in my not attending Talent Search activities.

Student’s Signature: ____________________________________________________________________ Date: __________________